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ORIGINAL ARTICLES.

Metritis.

By A. B. McCANDLESS, M.D., Holton, Kan.

Read before Northeast Kansas Medical Society.

When asked by this medical association to present something on this subject before the association, I was led to inquire into the literature on the subject, to see what I could see and learn what I could learn. My inquiry has resulted in the conclusion that, *per se*, the literature is very circumscribed, and in presenting a few ideas on the subject I will probably (and, I was about to say necessarily,) infringe upon the domain of other pathological uterine diseases, under another name.

Metritis, Inflammation of the Womb.—Perhaps the most satisfactory plan in presenting some ideas on this subject would be to give the opinions of accepted authors, in as concise a plan as possible, both as to pathology and treatment, and follow with a remark of endorsement or disapproval, as the case may be. No less authority than Emmet, one in whom we have learned to confide for counsel, if we turn to the index in his book on uterine troubles, he refers us to metritis, and under that caption he refers us to another page, where he treats of congestive hypertrophy and makes the terms synonymous, and proceeds to give his ideas of said pathological condition, rather than the disease itself. So, you will notice from this good man, we receive but little encouragement. Chauncy D. Palmer, of Cincinnati, O., in an article on this subject, says acute metritis means an acute inflammation of the fibrous tissues of the womb, and adds: "It is a matter of doubt whether acute metritis exists as a distinct or independent affection, and if we accept the testimony of the *dead house* (the only reliable witness), the question must be decided in the negative." Klob says: "Inflammation of the non gravid womb seems to be one of the rarest affections to which the organ is liable." Rokitansky says: "In acute inflammation of the womb the lining membrane is affected primarily and this is scarcely ever the case with the uterine tissue." Schroeder contends for its existence, but says it is a very rare disease and always complicated with acute endometritis, and adds: "With the present amount of knowledge, metritis should be placed in a subordinate position in uterine pathology." Thomas no longer devotes a chapter to the subject, but regards it as a complication of endometritis. Rarely, if ever, does a case of uncomplicated metritis occur. I might cite other and creditable authorities on this subject, but I do not think it would be profitable to occupy the time of the society. My own opinion coincides with those named. As I retrospect the past years of my own experience, I can hardly recall one case of unadulterated metritis. I believe it would be better and less confusing to drop it as a distinct disease.

Etiology.—Suppose an incision be made in the os uteri, without the precaution of disinfecting, or an unclean sound be introduced, or an unclean sponge tent, not made antiseptic, or an illy adjusted pessary too long retained. Either of these will produce metritis.

Pathology.—In metritis, I understand, there is an hypertrophied condition of the womb, and, if we assume in the non-puerperal cases the same anatomical conditions

as in the puerperal, there occurs an infiltration of the tissues with a serous fluid.

Symptoms.—Fever, increase of temperature, rigors, enlargement of the womb, soft and tender to the touch, more or less pain on pressure, sometimes acute, which would indicate peritoneal complications. In other cases there will be only dull pelvic pains. The latter symptom we refer to increasing hyperemia, the swelling and pressure to which the uterine nerves are subjected. If we have bearing down pains we interpret as symptom of complicating peritonitis.

If the metritis is a result of specific infection there will be a discharge, more or less, of bloody pus.

Diagnosis.—This will be easily determined from the foregoing symptoms. Pain on pressure, hypertrophied condition, the knowledge of any infection, will render the diagnosis self-evident.

Prognosis.—We think it the part of wisdom to reserve a prognosis, and wait on developments and results of treatment.

Rest.—By this I mean rest of body and mind. Probably no one will deny the proposition that there is no other disease that produces so many and varied forms of reflex symptoms or troubles. I think it commendable practice, when we are called upon to advise in a case of uterine trouble, to be in no hurry in completing the examination, pronouncing on the case, and prescribing. Be calm, deliberate, self-possessed, and approach your patient in such a way as to secure her confidence. Get her, by proper questioning, to give you a careful history of the case from the beginning. After you have obtained all the information you can by observation and inquiry, you will have her in a proper state of mind to say to her: "It will now be necessary, in order to reach a satisfactory conclusion in the case, to make a personal examination of the organ or organs supposed to be diseased." Having her mind at rest by having secured her confidence and assuring her there will be no undue exposure of her person, she is prepared for the examination. I would recommend (1) careful manipulation over the abominal walls in general and (2) particularly over the womb and appendages. By history and external examination gather all the information you can to assist in a proper diagnosis. Just at this time I want to present and emphasize *this* thought: Unless you are quite sure it is *absolutely necessary* to a proper understanding of the case, *never* examine an unmarried lady digitally, or with instruments.

Just let us put it this way: "Would I make such an examination if it was my own daughter or sister." When you have decided to make a personal examination, I would *insist* on cleanliness *first* and *last.* Cleanse your hands, cleanse your speculum, probes, etc.

If you find as a result of your examination, tenderness on pressure over womb and appendages, and by digital examination tender os and neck, soft and patulous and hypertrophied, you probably have a case of metritis, for which I would recommend *rest.* Encourage your patient with this idea, which I am quite sure is a *correct* one, that the *natural* tendency of disease is to *health.* As a help to reach the desired end, I would recommend daily vaginal injections of hot water with listerine or boracic acid, or liquid hydrastis diluted, or muriate of ammonia in hot water. With one or other of these prescriptions as an irrigator, I have used, with satisfactory results, equal parts of pinus canadensis (white) and glycerine or boro glyceride, on a tampon, every fourth day, leaving twenty-four or thirty-six hours.

I might name many other remedies, both general and local, in the treatment of this trouble, but think it not profitable to consume the time of the society, and close with this thought:

That good, wholesome, intelligent advice by the attending physician, and faithfully and religiously observed by the patient, is the most important factor in the treatment of *this* and kindred uterine troubles.

DR. FARROR, of Atchison, one of the leading surgeons of the State, died in St. Louis, Mo., last week.

Pyorrhea Alveolaris.

By M. TULLES, Ph.G.

Read at Oakley, Kan., April 2, 1894.

I would say pyorrhea alveolaris, which simply means a condition of the gums and alveolus where suppuration has taken place, and pus is constantly found issuing from the gums and socket of the teeth. The causes of this disease are as yet very imperfectly understood, it being a question whether the diseased condition of the stomach and mucous membrane, or whether the many conditions of the stomach are caused by this disease.

Dr. Patterson, of Kansas City, claims that pyorrhea alveolaris is the *suppurative* stage of catarrhal stomatitis.

Dr. Ingersoll, of Keokuk, Iowa, says this could not be the case, as the mucous membrane and root membrane are different kinds of tissue, and limits the pyorrhea disease to the *root* membrane.

So a large number of dentists who have given attention to this destructive condition of the gums and alveoli have different views in regard to the cause of this disease. Many who have studied this disease think it depends on systemic conditions, but Dr. Briggs, the acknowledged champion on this question, demonstrated that the cause was local. Sometimes the alveolus does not seem to be much wasted, the teeth being firm in their sockets, while the gums are highly inflamed. But there is in most all cases to be found foreign deposits on the necks and even the roots of the teeth, which, if left to pursue their own course, will certainly cause the loss of the teeth. And I believe it is the cause of a host of other ailments to which the human system is subject. I believe that bad food and improper hygenic surroundings are to a great extent the cause of conditions of this kind, and while it may seem but a trifling affair to find a small deposit of foreign matter on the neck of a tooth, with a little local inflammation, and scarcely worthy of notice, in the course of a very short time that suppuration and destruction has marked a well defined case of pyorrhea alveolaris, causing a very vile and filthy condition of the mouth. There being large quantities of saliva and mucus, mixed with *pus*, taken into the stomach with the food, causing all sorts of derangements of the digestive organs, without question. There is also a thickening of the root membrane, causing facial neuralgia, which can only be relieved by the extraction and loss of the teeth.

As the cause of this disease is so imperfectly understood, it is difficult to apply a remedy that is satisfactory, and while there is authority for the successful treatment to cure and restore conditions of this kind, I have never seen a case that had reached the point of being defined, a clear case of pyorrhea alveolaris that has been entirely restored, and yet I do believe, by proper attention in the removal of this deposit and the use of antiseptic remedies, much good may be done to prolong the usefulness and comfort of the teeth.

The first step to be taken where this calculi or irritant is found is the thorough removal, which can only be accomplished by the use of excavators and chisels devised and planned for this purpose, scraping the necks and even the roots of the teeth, removing every particle of foreign matter, as thoroughly as possible. By this operation a flow of fresh blood is caused from the highly inflamed tissue about the tooth, which gives favorable conditions for medical treatment. The varying condition of the tissue must be the guide to the treatment. Aromatic sulphuric acid may be used, full strength, where the gum is swollen and soft and dark blue in color, first lancing the gums to relieve the venus congestion. Where it is evident that suppuration is present hydrogen peroxide and acid carbolic have proved to be the most beneficial in all these cases. It is also advisable to insist on stimulating mouth washes, which should be freely used. Absolute cleanliness is at all times demanded to have satisfactory results.

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Topeka, Kansas, Saturday, June 16, 1894.

No Change in the Code.

The committee on revision of the code of ethics of the American Medical Association presented two reports—a majority report in favor of a much needed revision of some sections of this time-honored relic of the past, and a minority report which is practically the old constitution and by-laws with some slight alterations. The minority report was made, by a vote of 161 to 70, the report of the committee, but its adoption by the delegates was not secured, therefore the old constitution and by-laws and the old code remain as before without any change. This is certainly a discouraging blow to those physicians who favor progress and are most in sympathy with that broad minded, liberal sentiment which characterizes the more advanced men of all professions. It is not, we think, surprising to western men to know that the greatest opposition to a revision came from the eastern states.

Western physicians, like all western men, are usually foremost in the ranks for reform. The time-honored code has served its purpose, and has been outgrown. Patches might help some, but we think a new garment out of new cloth would wear better.

It is something like the old fire and brimstone hell we used to hear about. It still exists in church creeds and is occasionally preached, but as a rule it is not generally respected, even by its advocates.

Those who talk most of the code and continually preach its good qualities are often the most frequent violators of its provisions. Members of the medical profession are supposed to be educated, intelligent men, capable of understanding and appreciating their duties to mankind, their relations to medical brethren and the results of violations of that general law which governs the actions of a great brotherhood.

That there are many valuable provisions in the code we do not deny, but we cannot believe that with our rapid advancement in the knowledge of medicine and the gradual, but most certain, approximation of all lines or schools of study to one great end, and above all, in view of the fact that the very foundation principle of the regular school of medicine is the rejection of nothing, but the acceptance of everything that offers even a slight degree of virtue as a remedial measure—in view of these facts, we cannot believe such restrictions as are provided by the code are necessary.

THE resolution of the Illinois State Board of Health, adopted in 1892, which refused to recognize a diploma from any school which had not been in existence for five years, was rescinded at the January, 1894, meeting.

THE Northwestern Medical College, of St. Joseph, whose diplomas the Missouri board refused to recognize, has been replaced by the Central Medical College.

The New Officers.

The nominating committee of the A. M. A. recommended the following officers: For president, Dr. Donald McLean, of Michigan; vice president, T. C. Loving, of Ohio; treasurer, Dr. Newman, of Illinois; secretary, W. B. Atkinson, of Pennsylvania; assistant secretary, H. B. Ellis, of California; librarian, G. E. Webster, of Illinois. The *Journal* will be continued under the able management of Dr. John B. Hamilton, as editor, and Dr. Gould, assistant.

The Code.

In an address before the Pan-American Medical Congress, Dr. Ernest Hart, editor of the *British Medical Journal*, says in speaking of our code:

"Let us consider now those restrictions which operate to forbid a medical practitioner to consult with 'homœpaths,' and of which the wisdom has been by some disputed. We do not believe, and we cannot appreciate the medical capacity or fitness to undertake the treatment of disease of those who hold that drugs which given internally will produce certain symptoms of disease are the appropriate remedies for those maladies. For instance, medicines which produce skin reddening for erysipelas, leucorrhine for leucorrhœa, syphiline for syphilis. We do not agree that all chronic maladies arise from syphilis, sycosis or itch, and that medicines act with an intensity proportionate to the infinite diminution of the dose; or that there is an utility in prescribing, in accordance with these principles, say a decillionth of a grain, when we all know that a dose so small, if taken by every being on the globe once a minute would not finish the grain in a thousand years. Nor again, do we believe that the activity of medicine increases in the ratio of the number of shakes given to the vessel containing it. We hold that we have nothing in common with those who assume to base their practice and theory on this kind of therapeutics. Being well assured that these methods and this theory are absolutely delusive, the negation of reason and the acme of folly, it would be useless, deceptive, and contrary to good faith and the public interest that we should pretend to consult with those who profess them and who take a designation derived from them, and to cover with the respectability of logical science what they are pleased to term their system of treatment. Faith curing it may be, but in that, too, we can take no part under false pretences."

The argument is a most logical one from such a conception of homœopathic theories as we derive from Hahnemanism. We must recognize the fact, however, that the better class of so-called homœopaths are not restricted by the narrow lines of the orthodox teacher.

It would certainly be absurd for an educated regular practitioner to attempt a consultation with an orthodox homœopath, the scope of whose medical knowledge has not reached beyond the theories of *similia similibus curantur*, as it would be ridiculous to consult with an ignorant antedeluvian of the old school, who adhered to the use of black cat skins for pneumonia and "sheep nannie" tea for fever.

We believe in according justice to all, and while we have no sympathy and no respect for a class of men who ascribe to themselves a distinctive name, thereby claiming methods of practice which they do not follow, we must not deny that the best men in the ranks of the other schools are not ignorant of pathology and its relation to certain conditions, nor are they restricted in their practice to the limited scope of their primitive theories. We find in their libraries textbooks on various medical subjects by the best authors of the regular profession. We believe it is the general feeling among the better class of homœopaths that when the restrictions of the code are removed that there shall be no distinctive titles, but all shall be recognized by that broad title physician. As long as our code retains the present form we will have homœopaths and eclectics, in name at least.

Eastern Kansas Medical Society.

DEAR DOCTOR: The Eastern Kansas Medical Society will meet at Leavenworth, Kas., in the parlors of the National Hotel, Thursday, July 10, 1894, at 7:30 P.M.

PROGRAM.

1. Reading of minutes of last meeting.
2. "Heredity," James A. Lane, M.D., Leavenworth.
3. "Cholecystotomy," A. H. Cordier, M.D., Kansas City, Mo.
4. A Paper, J. E. Love, Whiting, Kas.
5. "The Diagnostic Points of Pain in Uterine Disease," Chas. W. Adams, M.D., Kansas City, Mo.
6. A Paper, M. B. Ward, M.D., Topeka.
7. "Spinal Irritation," O. C. McNary, M.D., Soldiers' Home, Leavenworth.

R. E. McVEY, M.D., *President.*
G. A. WALL, M.D., *Secretary.*

International Clinics.

Vol. 1, Fourth Series, 1894. Published by J. B. Lippincott Co.

Of all the books which come to our table, there are none more welcome than the International Clinics. They are not text-books and they make no pretense of being a cyclopedia, but with the combined reports of a number of years as furnished by these works we congratulate ourselves on having something superior to a cyclopedia of medicine. In the first volume of the fourth series there are forty-two contributors upon as many of the interesting subjects of the day. As we have said, it is not a text-book, but it is a collection of some of the best scientific productions of some of the best medical men in the country.

IT will be interesting to know that some one has discovered a therapeutic effect from the use of red parasols. It is claimed that the red rays prevent freckles.

Chlor-Anodyne.

THE composition of chlor-anodyne is as follows:

℞

Morphine hydrochlorate	2⅞ grains
Tinc. cannabis Ind.	46 minims
Diluted hydrocyanic acid	9 minims
Chloroform	46 minims
Oil of peppermint	1½ minims
Tinc. capsicum	1½ minims

Sig. Five minims for an adult, frequently repeated.

The above is certainly a good pain reliever and especially in bowel trouble.

GASTRIC CANCER.—Occurs in advanced life. There are symptoms of dyspepsia, emaciation and cachexia. Pain is severe and independent of the introduction of food. Vomiting occurs immediately after eating, if at the cardiac orifice; if at the pyloris, it occurs several hours after eating. Hæmatemesis in about half the cases. Tumor in about 80 per cent. of the cases. Hydrochloric acid usually absent.—*Albert Abrams' Clin. Diag.*

PERMANGANATE of potassium is not, as we understand it, a systemic or physiological antidote to morphine, but a chemical antidote. The drug must come in actual contact with the morphine, and in this way alone destroys the effect.

THE Association of American Medical Colleges, at their meeting at San Francisco, have adopted a requirement of attendance upon four sessions of lectures of six months each. This will take effect after 1895.

Northwest Kansas Medical Association.

Editor Kansas Medical Journal—DEAR SIR: Following will be found a synopsis of the proceedings of the Northwest Kansas Medical Association, held in Wakeeney, Kan., June 5, 1894:

The Northwest Kansas Medical Association met in Dr. A. B. Jones' office, Wakeeney, Kan., June 5, 1894, at 10 o'clock A. M., Dr. J. W. Tulles, first vice president, in the chair.

Minutes of last meeting were read and approved.

The board of censors reported favorably on the applications of Dr. Charles Hammond and Dr. J. E. Vanderpool to become members of the association. On motion of Dr. C. W. Winslow they were elected to membership.

Communication from Golden Belt Society, relative to holding a joint meeting of the two associations, was read and ordered filed.

On motion the president appointed Drs. J. N. Page, A. B. Jones and C. W. Winslow a committee to meet with the Golden Belt Medical Society, in Salina, Kan., July 5, 1894, and arrange, if possible, for a joint meeting some time in September or October.

On motion of Dr. S. E. Sheldon the Northwest Kansas Medical Association accepted the invitation of the Golden Belt to meet with them in Salina July 5, 1894.

On motion of Dr. W. J. McDonald, Dr. J. C. McClintock was elected an honorary member of this association and invited to participate in the proceedings.

Dr. J. W. Tulles read a paper on cholera infantum. This paper was discussed by a number of the members, which elucidated some important facts concerning the treatment of this disease.

Dr. A. B. Jones read a paper on lithotomy. The discussion of this subject was spirited and animated, both the perineal and supra-pubic advocates maintaining their positions with decisive arguments.

Dr. S. E. Sheldon gave a minute description of supra-pubic operation, which won a general feeling for his arguments.

Some of the leading therapeutical agents were taken up and discussed.

Dr. J. C. McClintock gave a good lecture on strangulated hernia.

Drs. Sheldon, McDonald and McClintock were appointed a committee to prepare a programme for next meeting.

Secretary reported $12 collected since last meeting.

Ellis, Kan., was selected as the place to hold next meeting—time August 7, 1894.

J. N. PAGE, Secretary.

The Prevention of Consumption.

Indiana Medical Journal.

More and more is the secular press, and through it the laity, becoming impressed with the belief that the white plague is a contagious, and hence a controllable disease. we give an extract from Dr. H. M. Biggs, Health commisioner of New York City, in the *Forum* to this end.

"As the tubercle bacilli do not multiply ontside of the living body, excepting under artificial conditions, and as it has been proven experimentally that the disease is due to these germs, it follows that when the disease occurs it must be produced by the same individual germs that have been thrown off by some other human being or animal suffering from tuberculosis.

"A vast amount of evidence can now be adduced to show that consumption is comparatively rare among those who live an outdoor life under normal and healthy conditions. For every 1,000 deaths from all causes 103 farmers die of pulmonary tuberculosis, 108 fishermen, 121 gardeners, 122 agricultural laborers, 167 grocers, while among tailors the mortality rises to 290, and among drapers to 301 Out of every 1,000 deaths among printers and compositors 461 — or nearly 50 per cent. of all—result from consumption.

" The duties of State, municipal and sanitary authorities in this matter are clear and specific. Comprehensive and efficient means should at once be taken for the prevention of

tuberculosis. These means should consist in educating the people as to the infectious nature of the disease; in instructing them in the means and methods to be taken to render the sputum innoxious; in the systematic employment of bacteriological examinations of the sputum; the early diagnosis of tubercular patients before they again inoculate other people; in the establishment of public hospitals for the segregation, isolation and treatment of the consumptive poor; in the enactment of regulations which shall forbid the employment of tubercular patients in such occupations as shall injure the welfare of others; in the adoption of sanitary regulations to prevent the dissemination of infection by means of tubercular sputum in places of assembly; in the governmental inspection of dairy cattle, and in the destruction of those found to be tubercular.

"A person suffering from pulmonary consumption may be absolutely free from danger to his most intimate associates or his immediate surroundings if only the sputum is disposed of with scrupulous care. The sputum and the sputum alone, in some way is the source of danger; and common sense, good sanitation, humanity, and even the requirements of simple cleanliness, demand that this should be destroyed, or rendered harmless. Dr. Lawrence Flick, of Philadelphia, who has studied this subject carefully, has expressed the firm conviction that with our present knowledge we have it in our power to completely wipe out pulmonary tuberculosis in a single generation, and he adds: ' Were half the energy which is being spent in the almost hopeless task of searching for a specific cure for tuberculosis devoted to its extermination, its accomplishment would be secured.'"

What Should a Doctor Be Paid.

The Railway Surgeon.

An article that will be read with general interest is one by Dr. Williams A. Hammond puplished in the *North American Review* for June, 1894. Dr. Hammond concludes:

"It is manifestly unjust that there should be a uniform rate of fees applicable to all medical men, regardless of the skill and experience of the practitioner. There are many inside the profession who would have a level grade for all, just as do the trades unions, which prohibit a competent bricklayer from laying more bricks in a day than can be laid by an inferior workman. But superior science and ability should count largely in the medical profession in the matter of fees, and to a certain degree they do, but to nothing like the extent that should prevail. They are the strongest kind of factors with lawyers, and they should be still more powerful with doctors. Boldness, originality, knowledge, tact, and above all, that peculiar power which enables the physician to comprehend almost at a glance the nature of the case with which he has to deal, should be high-priced to those who have the ability to pay. Finally, it must be borne in mind that no matter how much the medical man may receive in fees in the course of a year, the work that he does for nothing would, even if moderately paid for, reach a sum far in excess of the pecuniary remuneration from his well-to-do or wealthy patients. No class of men do so much in the way of charity as those who practice medicine. It is time that superior skill in them and wealth in their patients should count for more than has hitherto been the case, and their fees should be promptly paid. Gratitude is an evanescent emotion; and the medical account presented months after the service has been rendered, is too often regarded like the bill for a dinner eaten long ago."

In those diseases where the mouth is dry, such as typhoid fever, Dr. Rafter prescribes chewing gum for his patients, which relieves to a great extent the unpleasant feature.

The City of Mexico has just completed its sewage system at an expense of $10,000,000. This will add materially to the health of the city.

Tumor Affecting the Restiform Body.

Maryland Medical Journal.

A case of an interesting and uncommon character published in full in the *Progress Medical* by Brissaud is reported in the *Lancet*. The patient was a women of forty-five who had no personal or hereditary history of significance. In 1885 she began to suffer from a slowly developing deafness of the left ear, and a year later the sight of both eyes were affected. *Tic convulsif* of the left side of the face was soon superadded and five years from the commencement of the symptoms pain over the sacrum, weekness of the legs, with stiffness and pain in the cervical region, were experienced. In the same year loss of smell came on. Since 1893 intense headaches, starting in the neck and occurring especially in the morning, were very troublesome and frequent. In July of that year there was transitory œdema of the legs, and in the following month difficulty and unsteadiness in walking. In October there was an attack of loss of consciousness lasting an hour, and retraction of the head and opisthotonos were frequently present. The reflexes were not affected, and the upper extremities were normal. Optic neuritis was present on both sides, and difficulty in swallowing occured. A diagnosis was made of tumor in the neighborhood of the corpus restiforme, and this was confirmed by the necropsy. The tumor involved the cerebellum but had apparently commenced in the upper and outer part of the restiform body, and had involved the auditory nerve at its exit from the skull.

Physiological Effects of Chloralamid.

From a very interesting report of extended trials with chloralamid by Piccinimo (reported in *Annal. di Neurolog.*), which included its use in a great variety of diseases in both human patients and animals, we extract the following conclusions:

1. Chloralamid in doses of 0.01 to 0.03 grm. reduces the neuromuscular irritability in frogs.

2. In guinea pigs and rabbits, proportionately to the size of dosage, it less often reduces the frequency of the respiratory movements, which, however, always continue deep and rythmical. The temperature is reduced up to 2° C., the reflex manifestation remain unchanged, and no irritating effect is ever produced on the digestive apparatus.

3. In dogs small doses produce only a frequent tendency to urinate, and large doses effect a reduction of the electromuscular excitation, as also of the cortex of the brain, the subcortical layers and inner frame. This reduced excitation returns, and through small doses of strychnia sulfate is greatly intensified.

4. In animals sleep is produced within 15 to 20 minutes after injection of the remedy hypodermatically per os into the stomach.

5. In human patients 2 grm. doses taken in the day time by individuals who had a good rest during the previous night no sleep is caused, but neither are side effects produced. In 2.5 grm. doses sleep of short duration may be caused, during which the pulse rate and respiratory movements are slightly reduced. In 3 grm. doses sleep always ensues, with slower respiration and slower and marked pulsation, which are at once restored to normal on reawakening. No disturbance of digestion or the peripheral irritability of the reflexes were observed.

In reporting the organization of the Osage County Medical Society Dr. W. S. Pickard was given as secretary. We are informed by the doctor that Dr. Main, of Overbrook, acted in that capacity. We are pleased to see this display of earnestness by the Osage county physicians, and we predict for the new society all that is interesting and profitable.

Dr. W. L. Schenck, of Topeka, has located in Newcastle, Colo.

Indications for Weaning Very Young Infants.

Extract from report of New York Academy of Medicine, in Medico-Surg. Bulletin.

Dr. L. Emmet: The lives of many children are jeopardized by the efforts of the conscientious mother to do what she cannot do. Every infant whose nutrition is difficult to maintain should be weighed twice a week. A child need not gain rapidly, but it should always gain steadily unless there are obvious signs of disease. During the first six months, failure to gain in weight is almost always due to inadequate feeding. If a child is sleepless or restless, the probabilities are very great that the food is insufficient. Then there will be frequent and continued crying, and the stools irregular and abnormal in appearance. It will be noticed that when the supply of milk is suffiicient, the infant will often nurse a half to three quarters of an hour, and then stop, not because it is satisfied, but because it is exhausted. If the supply be abundant, but five or six minutes will be sufficient to satisfy the child. The milk should be examined to determine whether the quantity or quality or both are affected. Some idea of the amount of milk secreted by the breast may be obtained by the amount withdrawn by a breast pump, or by the appearance of the breast in the intervals of nursing. But neither of these can be wholly depended upon. Two or three weighings of the child before and after nursing, on a scale indicating half ounces, is the most reliable method. The specific gravity of the milk may be determined by a hydrometer indicating from 1,020 to 1,035. Very little importance is to be attached to the size and appearance of the fat globules under the microscope. A glass cylinder holding ten cubic centimeters is filled to the zero mark with freshly drawn breast milk, and after standing at the temperature of the room for twenty-four hours, the percentage of cream is read off. There should be, at least, five per cent. of cream; eight per cent is better. The relation of cream to fat is very nearly five to three. The best test of all, however, is the Babcock centrifugal machine. This will detect differences of one-tenth per cent of fat. If we regard the sugar and the salt as practically uniform, we may, from a knowledge of the specific gravity and percentage of fat, arrive at an approximate idea of the amount of proteids. The specific gravity will vary greatly with the proportion of proteids, and inversely with the proportion of fat.

The specimen taken should be after nursing three or four minutes, or better still, the entire quantity drawn from the breast, because the first milk is slightly richer in proteids, and very much richer in fat. This examination may show: (1) An over-rich milk; (2) milk poor in quality, but not scanty; (3) good quality, but scant in quantity; (4) quantity abundant, but poor quality.

The first condition is more commonly seen in those living in luxury. Alcohol should be prohibited. The quantity of meat should be reduced, and the nursing woman should be required to take outdoor exercise. The second condition is most often seen in careworn and anæmic mothers.

It is often difficult to obtain even the one-half ounce desired for examination in these cases. It is of the first importance that the nursing mother should be undisturbed at night; she should be out in the open air every day; the diet should be liberal, and she may be given some of the malt extracts. If her condition be due to the confinement, the prognosis is good; but if it be due to her high strung, nervous condition, the prognosis is bad. In all cases of scanty supply of milk, the entire quantity of milk should be obtained from the breast. The quantity may be increased by increasing the quantity of fluids taken, and especially by drinking freely of milk. In the fourth class, the mammary glands act chiefly as filters, the milk being merely a transudation instead of a true secretion. On the whole, artificial feeding gives so much better results than doubtful nursing, that I am inclined to stop nursing sooner, and begin artificial feeding rather than waste time in prolonged efforts

at making the mother do the impossible.

Dr. Jerome Walker: I have been surprised to find how closely the author agrees with me in what I have said on the subject. In using test paper to determine the reaction of milk, it should be remembered that it is a mistake to dip the paper into the milk, for in removing it, the exposure of the film of milk to the air may be sufficient to give an acid reaction. This difficulty can be overcome by holding the test paper just under the surface of the milk, and then noting its color.

Tuberculous Pleurisy.

The College and Clinical Record.

Dr. J. H. Musser (*International Medical Magazine*, 1894) contributes notes on six cases of tuberculous pleurisy. Some of the different modes of onsets are given: (1) by a series of acute attacks; (2) acute bilateral pleurisy with effusion; (3) it may develop insidiously, or secondary to genital tuberculosis. He distinguishes tuberculous pleurisy from pulmonary tuberculosis by the amount of plueropulmonic invasion, by the age, absence of extreme hectic and extreme emaciation, by the character of the sputum and absence of bacilli, by the unproductive cough, extreme chest pain, and chest deformity.

The writer considers that "It is always cheering to make out a tuberculous pluerisy when in the midst of much pulmonary tuberculosis. First, the probability of a cure is very much greater than in other forms of tuberculosis, Second, a partial cure can be promised in many cases. Then the progress is slow, and hence the duration of life much greater than in pulmonary tuberculosis. The symptoms of the terminal stage are, however, more distressing. The dyspnœa' the breast pang and chest constrictions, the internal suggestions of dragging or pulling, as upon organs, are agonizing to witness. The harassing cough is most weakening to the patient. Tuberculous peritonitis, of sluggish type, adds to the severity of the terminal symptoms.

Treatment of Capillary Bronchitis.

The Cincinnati Lancet-Clinic.

Dr. E. Perier (*La Revue Medicale de Paris*, No. 43, 1894) recommends the following measures:

1. Keep the child in bed, with his head well propped up, or hold him on the arm, to facilitate respiration and aeration of blood.

2. Cover the chest with dry cups or a mustard plaster, in front, or on the sides, and posteriorly, or plung him into a mustard bath for five minutes; then cover his chest with cotton batten, and over this oiled silk.

3. Give from a teaspoonful to a dessertspoonful, every hour, of the following:

Acetate ammonia	2-3.0
(grs. xxx-xlv)	
Peppermint water	10.0
(℥ijss).	
Old brandy	5-10.0
(℥j¼-ijss).	
Gum mixture	120.0
(℥iv).	

4. When the worst is over continue the revulsives to the chest, and give the following:

Tr. aconite root	gtts. x-xv
Benzoate soda	2-3.0
(grs.xxx-xlv).	
Syrup ether	10.0
(℥ijss).	
Brandy	10-20.0
(℥ijss-v).	

Gum mixture No. 1.

A coffee teaspoonful to a dessertspoonful every hour.

If the child improve, then treat it for acute bronchitis with intense fever; if it gets worse, treat the broncho-pneumonia.

NUCLEIN is the chemical constituent of the living parts of cells. They are complex and differ according to the kind of cell. Their study is interesting and important, and the better they are understood the better will we be prepared to assist in building up tissue and preventing waste.

Therapeutics of Phenacetine.

Dr. James T. Whittaker, professor of theory and practice of medicine, Medical College of Ohio, in his recent popular textbook on medicine, discussing the treatment of influenza, says: "The pain is best relieved by broken doses of Dover's powder, or in the presence of much nausea by phenacetine. Phenacetine may be given in a single dose of ten grains to secure a peaceful sleep." In measles he states that, "Any case of fever above 103° is best controlled by warm baths which may be gradually cooled, or by occasional administration of phenacetine, gr. iij-v, more especially in the relief of the associated nervous symptoms." In scarlatina he prefers to reduce fever by cold, tepid or warm baths, or ablutions, but if, as sometimes happens, it is necessary to resort to the use of antipyretics he recommends phenacetine as the least injurious. "It may be given to a child in a dose of ijss-v grains, to an adult in double this dose, once or twice in the course of a day. It is of especial value in headache or other nervous distress. It is best administered in capsule or in powder taken directly upon the tongue, stirred—that is, suspended—in milk, or in case of high fever with dry tongue, floated upon the surface of a teaspoon of water." While an adherent of the cold bath treatment in typhoid fever, Dr. Whittaker recognizes the fact that it is sometimes impracticable and impossible. Speaking of the use of chemical agents for reducing fever in this disease, he says that, "the safest of the modern antipyretics is phenacetine, which is best given in a large dose, three grains to a child, five grains in adolescence, ten grains in an adult, at the height of the temperature, which it will reduce in the course of 15 or 20 minutes, a degree or two, with some slight sweating, which in turn aids in sustaining the antipyresis." Dr. A. A. Stevens in his "Manual of Therapeutics," recently published, sums up his experience with phenacetine as follows: "It may be used to lower temperature in disease associated with higher fever, such as typhoid fever, scarlet fever, rheumatism, and pneumonia. As an analgesic it is an extremely valuable remedy in neuralgia, headache, migraine, influenza, rheumatism, and the crises of locomotor ataxia. It has been used with success as an antispasmodic in whooping cough."

Treatment of Chronic Heart-Valve Disease.

Med. Standard.

Dr. James Tyson (*Amer. Jour. Med. Sci.*) points that releif is often obtained from the occasional use of purgatives—five to ten grains of blue mass, followed by a saline, or the continuous use of small doses—one-half to one grain thrice daily. The greater apparent effect of the infusion of digitalis is due to its use in larger dose, although it is likely to be better borne by the stomach. Strophanthus, better borne by the stomach, has been used in doses of ten minims every two hours for forty-eight hours without interruption. Caffein in 3 grain doses every three hours, in mitral regurgitation, is admirable, but is likely to produce insomnia. Sparteine in one-quarter, increased to one half grain dose, three to five times daily, is of value if a diuretic be desired. For irregularity of heart action and palpitation, more common in mitral disease, belladonna is very useful. A belladonna plaster placed over a palpitating heart is an almost efficient agent. Nitroglycerin, one-hundredth of a grain, increased to double the quanity, three times daily, often serves to the same end.

TOPEKA can boast of a great variety of doctors, A history, with illustrations of the development of the species, might be readily gathered. There is the voudoo, the snake doctor, the herb doctor, the corn doctor, the faith doctor, the magnetic healer, the hydropath, the christian scientist, the clairvoyant, the vacuum specialist, the botanical doctor; and if there are any more varieties, we know there is a sample here.